



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: WO/17017UC-0879/1

Work Order Type: Weatherization

Audit Name: 17017UC-0879

CLIENT INFORMATION

Client ID: 17017UC-0879

AGENCY INFORMATION

Agency: Upper Cumberland H R A

Address: 3313 Williams Enterprise Drive
Cookeville, TN 38506

Agency Contact: Pridgeon, Wayne

Agency Phone: (931) 528-1127

Fax:

Email Address:

Work Phone:

Cell Phone: (931) 273-9616

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Measures

| Measure 1 Infiltration Redctn | | | | Components | | | Inspected | | |
|--|------------------------|------------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|
| Comment CAULK INTERIOR OF 9 WINDOWS INSTALL 3 DOOR SWEEPS WEATHERSTRIP 3 DOORS USING SILICONE BULB WEATHERSTRIP WEATHERSTRIP 9 WINDOWS | | | | | | | <input type="checkbox"/> | | |
| # | Material / Labor | Description / Comment | Units | Estimated | | Actual | | | |
| | | | | Qty | Unit Cost | Total | Qty | Unit Cost | Total |
| 10 | Miscellaneous Supplies | Infiltration Reduction | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: | | <input type="text"/> |
| Field Notes: | | | | | | | | | |

| Measure 2 DWH Tank Insulation | | | | Components | | | Inspected | | |
|-------------------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|
| Comment | | | | | | | <input type="checkbox"/> | | |
| # | Material / Labor | Description / Comment | Units | Estimated | | Actual | | | |
| | | | | Qty | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Hot Water Equipment | DHW Tank Insulation | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | R-10 minimum-use bubble wrap | | | | | | | |
| 2 | Labor | DHW Tank Insulation | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: | | <input type="text"/> |
| Field Notes: | | | | | | | | | |

Measure 3 Floor Ins. R-19**Components** F1**Inspected****Comment**☐

| # | Material / Labor | Description / Comment | Units | Qty | Estimated | | Actual | | |
|---|------------------|---|-------|------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Insulation | Floor Insulation - Fiberglass Batts - R-19 | SqFt | 1550 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Detail

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**